



**SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING**  
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101  
Telephone No.: (619) 531-2250



## **ARCADE INFORMATION SHEET**

**An arcade consists of six (6) or more games of skill and/or amusement.  
No permit will be issued to any arcade located within 300 feet of any school.**

San Diego Municipal Code, Section 33.0101(c) requires the applicant to have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Commercial Amusement Establishments. Copies of the Commercial Amusement Establishment Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street (2<sup>nd</sup> Floor), Phone: (619) 533-4000 or via the City's website: [www.sandnet.gov](http://www.sandnet.gov) (Department, City, Clerk, Documents, Municipal Code) SDMC Chapter 3, Article 3, Division 16 and Divisions 1-5.

**ALL NEW APPLICATIONS MUST BE SUBMITTED IN PERSON TO THE POLICE PERMITS & LICENSING OFFICE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**YOU MUST FIRST OBTAIN ALL OF THE FOLLOWING ITEMS:**

- **POLICE PERMIT APPLICATION and BUSINESS ADDENDUM** - Each corporate officer or partner is deemed an applicant and must provide an application. An applicant who is a corporation or partnership shall designate one (1) of its officers or general partners to act as its Responsible Managing Officer. The Responsible Managing Officer may complete, sign and submit the Business Addendum only on behalf of the corporate officers and partners. A criminal records check will be made on each applicant. A thirty (30) calendar day investigation period begins at the time the complete application is submitted. Applications must be submitted in person or may be submitted by the Responsible Managing Officer.
- **BUSINESS TAX CERTIFICATE** - This can be obtained from the San Diego City Treasurer's Office, 1200 Third Avenue, 1st Floor, San Diego, CA 92101, Telephone No.: (619) 615-1500.
- **INVESTIGATION and REGULATORY FEES** - \$72.00. Make checks (no out of state checks), money orders and cashier's checks payable to City Treasurer. Cash is also accepted. The application fee covers the cost of investigating and processing the application and is non-refundable.
- A criminal records check will be made on each applicant.
- **IDENTIFICATION** - A valid Government issued photo identification card (i.e. driver's license or military ID).
- **FEES** - Cash, check, cashier's check, or money order made payable to the **CITY TREASURER**. Out of State checks will not be accepted.

**NOTE:** The granting of a police permit does not relieve the applicant from obtaining all appropriate approvals required by the City of San Diego, State, or Federal law. The granting of a permit does not relieve a permittee from the permittee's obligation to comply with all applicable Local, State, and Federal laws, including those related to building, zoning, fire, and other public safety regulations. The granting of a police permit does not vest any development rights in the property or business (SDMC 33.0309). In order to legally operate your business and to establish that your business location is suitable, it is **strongly recommended** that you first obtain the following:

**ZONING APPROVAL** - This can be obtained from the City of San Diego Development Services, 1222 First Avenue, 3<sup>rd</sup> Floor, San Diego, CA 92101, Telephone No.: (619) 446-5000.

**FIRE MARSHAL APPROVAL** - This can be obtained from the San Diego Fire Prevention Bureau, 1010 Second Avenue, 3<sup>rd</sup> Floor, San Diego, CA 92101, Telephone No.: (619) 533-4400.



# SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING

1400 'E' STREET, MS-735, SAN DIEGO, CA 92101

Telephone No.: (619) 531-2250



## APPLICATION

TYPE OF PERMIT: \_\_\_\_\_

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Last

First

Middle

Other Names Used: (Maiden, Alias, Etc.) \_\_\_\_\_ Stage Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Res. Ph. ( ) \_\_\_\_\_ Bus. Ph. ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Internet Web Site Address/Auction Site User Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**Business Where Applicant Expects to be Employed:**

Business Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**1. List previous residence addresses for the last five (5) years:**

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

### FOR OFFICE USE ONLY

App. Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_  
Initials/ID #

☐ RI01 ok or \_\_\_\_\_

Approving PCCO: \_\_\_\_\_ Date: \_\_\_\_\_

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. IF NONE, INITIAL HERE:

	TYPE OF LICENSE	LICENSE NUMBER	DATES FIELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes ( ) No ( )

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

**IF NONE, INITIAL HERE:** \_\_\_\_\_

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

**APPLICANTS:** The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

**I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.**



**Police Permit Application**  
**BUSINESS ADDENDUM**

SAN DIEGO POLICE DEPARTMENT  
1400 'E' STREET • M.S. 735 • SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE  
(TYPE OR PRINT LEGIBLY)



TYPE OF PERMIT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

☐ Solo Owner    ☐ Partnership    ☐ Corporation    ☐ LLC

Business Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Business Tax Certificate # \_\_\_\_\_

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

**FOR OFFICE USE ONLY**

DATE FILED:	
RECEIVED BY:	
DEVELOPMENT SERVICES - ZONING	FIRE & LIFE SAFETY DEPARTMENT
APPROVED BY:	APPROVED BY:
DATE:      PHONE:	DATE:      PHONE:
APPROVING OFFICER: _____ DATE: _____	

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

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\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

\_\_\_\_\_  
TITLE/POSITION